state Very CERTIFICATE OF DEATH (0) should Registration Dist. No. OCCUPATION fit death occurred in PHYSICIANS Viilage or City St:....Ward) a hospital or institution. RECORD give its NAME jostead of street and number. 1 10 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS N. 16 DATE OF DEATH 5 SINGLE, EXACTL 3 SEX 4 COLOR OR RACE MARRIED. Grany AN WIDOWED. (Month) (Day) ORDIVORCED Write the word) HEREBY CERTIFY, That I attended deceased from 02 Exac 6 DATE OF BIRTH tated M _ m classified. 4 (Year) (Month) (Day) pe 7 AGE If LESS than 1 day hrs. S OR min. ? roperly BOCCUPATION 9 (a) Frade, protession, or A particular kind of work supplied. (b) General nature of industry. pe business, or establishment in DING may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (Secondary) (State or country) carefully that 10 NAME OF FATHER (Signed ARGIN 00 back 11 BIRTHPLACE terms. ENT OF FATHER should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-CO œ 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain K OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR REGENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER of death Q Q yrs. ... (State or country State EATH Where was disease contracted. if not at place of death? See of 0 OF usual residence. Important. 19 PLACE OF BURIAL OR REMOVAL ы DATE OF BURIAL CAUSE 15 20 UNDERTAKER ADDRESS. m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative meanthfulbeen changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) The question For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

childbirth or miscarriage, as "Purnersal septichaesuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. State etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. oma. Sarcoma. etc., of cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS-OF INJURY and qualify as which surgical operation was undertaken. For vic--Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tetanus) is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 da.; Never report Examples: cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 1. 1913
BUREAU, V. S.

PHYSICIANS should of OCCUPATION IS RECORD PERSONAL AND STATISTICAL PARTICULARS statement ENT 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. KWAN WIDOWED, (Month) ORDIVORCED (Write the word) Exact 6 DATE OF BIRTH Ш 191 3 .. to. that I last saw h . Land ... alive on ... fied. (Year) (Month) (Day) M be 7 AGE If LESS than class 1 dayhrs. shoul The CAUSE OF DEATH * was as follows: roperly BOCCUPATION Ш (a) Trade, profession, or O d particular kind of work... non ā supplied. (b) General nature of Industry, pe business, or establishment in (Duration) O may which employed (or employer) Contributory ... State or country) (Secondary) certificat carefully of that It Œ 10 NAME OF FATHER 0 50 pe back 11 BIRTHPLACE (Address). terms, ARENT OF FATHER (State or country) biuods 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 00 OR RECENT RESIDENTS) Informati 13 BIRTHPLACE 드 At place In the OF MOTHER (State or country) of death yrs. mos. _ ds. EATH Where was disease contracted. If not at Blace of death?.... 20 Former or OF Item usual residence. mportant. Eyery 15 20 UNDER m

1 PLACE OF DEATH

state Very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

St:Ward)

Ilf death occurred to a hospital or institution, give its NAME instead of street and number.]

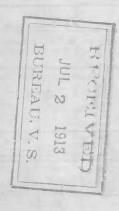
MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at 8,/3 *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State yrs. mos. DATE OF BURIAL terre 13, 191 8 ADDRESS roence if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the husiness or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid decumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Puerreral septichnoample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATES State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitud nephritix nant neoplasms); Heasics; Whooping cough; Chronic oma. Sarcoma. etc., of is loss definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUEBPERAL peritonitis," etc. tctanus) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of may he stated under the head (name origin: "Can State cause for "Exhaustion," Never report Examples:



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

PLACE OF DEATH 8101	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist, No
Village or City aberde (No. No. No. No. No. No. No. No. No. No.	St; Ward) [if death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule White Single, Single Whowen, Single (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) Qug (Day) 2 (Year)	Mae 7, 1913, to June 4, 1913, that I last saw her alive on June 3, 1913
7 AGE If LESS than 1 day,hrs. yrs	and that death occurred on the date stated above, at 4 Ar. m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	final constants
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) J. Clyuderr	Contributory Conversions yrs. 2 mos. 7 ds.
10 NAME OF Robert Carr	(Signed) (Duration) yrs mos ds. (Signed) Was Africk M. D. June 5, 191 & (Address) eleeder has
OF FATHER (State or country) Harfurd Ce	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Charlesten & 6	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death yrs, mos, ds. Where was disease contracted.
(Intermant) ROPT W. Carr	If not at place ot death? Former or usual residence
(Address). Wolsdeen Md	Rock Run DATE OF BURIAL W
Filed REGISTRAR If more blanks are needed, address State Regis trar, 6	AR Fletches abereleum. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Uealth
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: The question "Foreman," (6)

Statement of cause of death—Name, first, the DIRKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL mus," "Old Age," "Shock." ture of the American Medical Association.) cause of death approved by Committee on Nomencia scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix nant neopiasms); Measles; Whooping cough; Chrowit oma. Sarcoma. etc., of "Contributory." mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent Always qualify all diseases resulting from Measles "Senile." (Recommendations on statement of may be stated under the head of (disease causing death), 29 etc.), or Homicidal, or as probably "Dropsy," "Traemia," "Weakness," (name origin; "Can-The nature of the "Exhaustion," Never report Examples: septichae-For vio-



See Instructions on back

Every Iter CAUSE O Important.

N.B

No.

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	PLACE OF DEATH	
	. Hart 8108	3 /
C	ounty Ony	42.10
	10	*
-Y	illage or City Harre de Frace (N	o
	All	10
	FULL NAME alhum	10:
	PERSONAL AND STATISTICAL PARTICULA	RS
3 5	MARRIED, / /	amed
M	ale White ORDIVORCED (Write the wor	d)
6 D	ATE OF BIRTH	
	Mug 3	189
	(Month) (Day)	(Year
7 A (3E	If LESS th
	2/ yrs. 10 mos. 12 ds.	ORmin.
(b) busi	Trade, profession, or ticular kind of work	
_	RTHPLACE tate or country) Carrede Grace	
	10 NAME OF A A A	amber
ENTS	11 BIRTHPLACE (State or country) Carre de Grace	_
PARE	12 MAIDEN NAME May alleno	lan
	13 BIRTHPLACE OF MOTHER (State or country) Have do Grace	
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOW	LEDGE
	Informant Mrs May & hound	restan
	(Address) Came de Inace	
1.5 File	June 20 191 3 2. W. Ster	t ue
1 (1)	MA GANDAN WAS A MINERAL OF SECULO SECU	RECISTRAR
PARE	(State or country) Marre de Frace 12 MAIDEN NAME OF MOTHER May Allen of 13 BIRTHPLACE OF MOTHER (State or country) Have do Grace HE ABOVE IS TRUE TO THE BEST OF MY KNOW! (Address) May Charmel (Address) Carme de Grace (Ad	LEDGE herban

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If deeth occurred in a hospital or Institution, give its NAME Instead

of street and number.]

DATE OF BURIAL

ADDRESS

	MEDIC	AL CERT	FICATE OF	DEATH	
16 DATE OF	FDEATH	fu	ua	19	101 3
	***************************************	0	(Month)	(Day)	(Year)
17	I HER	FRY CERT	IFY. That I	attended dec	assed from
June	4 %	., 191.3., t	· Jun		, 191
that I last s	aw h.s.s	alive on	Jui		, 191 5
and that de	ath occurre	ed on the c	fate stated	above, at	JO Pm
The CAUSE	OF DEAT	H* was as	follows:		
	CLEAN.	<u> </u>	Hetru		
Contribu	Las Cas	(I	duration)	yrs mo	sds
(Seconda	3 /				
.0		1	Ooration)	yrs 6 m	sds
(Signed)	-X	XIO	rode	- el	M D
June /	9 1913	. (Address)	your o	le Frace	2 Led
CAUSES, 8	he DISEASE tate (1) M IDAL, or H	EANS OF I	DEATH, or, i	n deaths from (2) whether	VIOLENT ACCIDEN-
At place	T RESIDENT	8)	lo the	NSTITUTIONS, T	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

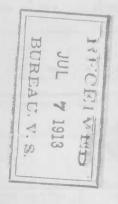
Former or

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuliy employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative .:ealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc... Carein-

sucb, if impossible to determine definitely. cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purspersal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.: affection need not be stated uniess important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ture of the American Medical Association.) LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples: Hor VIO



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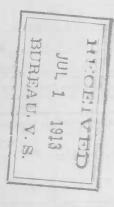
Village or City Benson Ind No. 2 FULL NAME Queen Coen	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) If death occurred is a hospital or institution give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from 1913, to 1913 that I last saw how alive on 2 1913
GOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Case (State or country) Case (State or country)	and that death occurred on the date stated above, at 1/130 P. m The CAUSE OF DEATH* was as follows: Lucy Lucy
11 BIRTHPLACE (State or country) Prince Georges G. Md. 12 MAIDEN NAME OF MOTHER (State or country) Essex G. Virginia 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Daniel Crehn (Address) Bensen Registrar 15 Filed Mas A. 1913 Below. The Chandson (Address) Registrar 12 more blanks are needed, address State Registrar	(Signed)
Samuel State and Manager, Scratter Drafts Bekill fight	, v m. Planailli St., Daito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second (a) Spinner, the nature of the business or industry; and therefore an For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." scpsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Puerpubal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniie," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Con-Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. For viothenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report cause for



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Instructions

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonaeum, etc., Carein-

naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated nuder the head of injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably snicide. The unture of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," Bronchopucumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Measles Always qualify all diseases resulting from "Seuile," (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," "Couvulsions," "Debility" ("Con-(secondary or intercurrent) State cause for "Exhaustiou,"

If this coefficient is rooked over thoroughly and all questions answered in detail, it will prevening the correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 21 1918

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING W. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
8105 C	CERTIFICATE OF DEATH
County JAN	Registered No. 180
be de	[It death occurred in
Village or City ating daw (No.	St; Ward) a hospital or institution,
2 0 //	give its NAME instead of street and number.]
2 FULL NAME Carl Ma	Clion of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH WARE 14
SEX MARRIED, LILLY	(Month) (Day) (Year)
Male While one open ord)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	birtho , 191 , to 6 / 1 4 , 1913,
(Month) (Day) (Year)	that I last saw h are alive on on 6 114 1913
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 530 pm,
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs. / omos. / ds. ormln.?	wrote frank
6 OCCUPATION (a) Trade, protession, or	Congestion of lungs
particular kind et work	Care guis no Geoth information
(b) Beneral nature of industry, business, or establishment in	2 day 5 (Duration) yrs mos ds.
which employed (or employer)	Contributory of about
BIRTHPLACE (State or country)	(Secondary)
	(Duration) yrs mos ds.
10 NAME OF Galleon	(Signed) Costulling Swort , M. D.
O II BIRTHPLACE	6/11, 1913 (Address) 12/1 Cer 200
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
2 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a contacto // contracto	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
of MOTHER (State or country) Wring love	At place In the ot death yrs, mos, ds. State yrs, mos, ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Cartalines worth	It not at place of death?
(Intormant)	usual residence
(Address) Tal der mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 () 4 / /	Abrugdon M. E Socouter Jane 16, 1913
Files True 15, 1913 66 Ocarum	20 UNDERTAKER KODRESS
OYO-COL REGISTRAR	Howard / Melouno Alangdon
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation hus of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. it should be used only when needed. As examples: ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Salcsman, (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrezzal septichaecause of death approved by Committee on Nomencla by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for Cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED W. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
8106	CERTIFICATE OF DEATH
County Carporal	Registration Dist. No. 182
Village or City Selan (No. 1)	St; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale I de Color GRAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH 29% flux 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH August 12, 1872 (Month) (Day) (Year)	that I last saw have alive on the 2 gd from, 1913
7 AGE 40 vrs. 60 mos. 7 ds. 0Rmio.?	and that death occurred on the date stated above, at . Am, The CAUSE OF DEATH * was as follows:
BOCCUPATION (a) Frade, profession, or particular kind of work	flussal lubes culones
(b) General nature of industry, business, or establishment in which employed (or employer)	Motable level al year mos ds.
State or country)	(Secondary) (Daration) yrs mes ds.
10 NAME OF FATHER O. Pyston Dilbert	(Signed) Welliam P. Archele, M.D. 300 from 1919 (Address) Bet For Mil
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injust; and (2) whether Acciden-
a wall a routen	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Bel and Ind	At place in the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted.
(Informant) The Best of MY KNOWLEDGE	If not at place of death?————————————————————————————————————
(Address) Bel and Sud	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July / 1915 J. Edgar Dean REGISTRAR	20 UNDERTAKER SAN MAL QUINT.
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or indust; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question The

Statement of cause of death—Name, first, the INDEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL Shitchaeby earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitual nephritis nant neoplasms); Measles; Whooping cough; Chronis oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. "Contributory." is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) "PUEBPEBAL peritonitis," etc. State cause for Revolver wound of head-homicide; Poisoned Measles (disease causing death), 29 da.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1918 BUREAU, V.S.

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1 - 1	
PLACE OF DEATH 8107	STATE OF MARYLAND
2 Harlon	CERTIFICATE OF DEATH
County Tarford	1916
0	Registration Dist. No. 184
Village or City rospect (No.	St; Ward) [It death occurred in
	a hospital or Institution,
2 FULL NAME CO lisabeth (of street and number.]
TOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Florale Widoweo, ORDIVORCED	(Month) (Day) (Year)
-(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	7-20,1912, to 6-27
6 27 ,1859	
(Month) (Day) (Year)	that I last saw h 2 allve on 6 - 26 - ,191 3
7 AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at
5 3 yrs. 11 mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Cartework
(a) Trade, profession, or	
particular kind of work	manus on gloud.
business, or establishment in	(Ouration) 6 yrs, mos ds
which employed (or employer)	45.
9 BIRTHPLACE (State or country)	Gontributory (Secondary)
Ilachbollom Jwk	/ (Duration) yrs. mos. ds.
10 NAME OF FATHER	(Signed) Wiffee Come 40
Vanuel Grines	(dan 3 0 10)
OF FATHER (State or country)	727 ,1913 (Address) DELLA VE
III RAME TO THE REPORT OF THE PROPERTY OF THE	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SULPHIA OF HAVENEY
OF MOTHER	Tad, Colcidat, of Hosticidat.
The state of the s	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER TO ALLOW TO THE PORT OF THE PROPERTY OF THE PORT OF TH	At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
Charles Inde to the Best of My KNOWLEDGE	If not at place of death?
(Informant)	Former or usual residence
Address) Whiteling md.	19
Address)	Slate of the Comment
a salar all born of	20 UNDERTAKER ADDRESS
Filed June 29, 1918 flumes W REGISTRAR	ADDRESS
If more blanks are needed, address State Registrar, 6 E	John overs Welta, Pa
de la	Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causino death—In all every affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless Important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Never report Examples: For VIO-



PLACE OF DEATH 8108	STATE OF MARYLAND
County Harlord	CERTIFICATE OF DEATH
1310.	Registration Dist, No. 182
Village or City Well (No,	St.; Ward) [If death occurred in a hospital or institution,
TA/ At	give its NAME instead of street and number.]
FULL NAME // alle	Hall
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWEO, WIOOWEO,	16 DATE OF DEATH (Month) (Pay (Year)
Male Clack ORONOGEO (Write the word)	(Month) (Ibay (Year)
B DATE OF BIRTH	, 191, to, 191
(Month) (Day (Year)	that I last saw h
(Month) (Day (Year) AGE It LESS than	and that death occurred on the date stated above, at
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrsds, <u>OR</u> min.?	- Pl · · · ·
BOCCUPATION (8) Trade, protession, or	No Impeccay en allerdance
perficuler kind of work	and cannot find any suspice
(b) General nature of Industry, business, or establishment in	of undue causes (Duration) yrs mos ds.
which employed (or employer)	
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF	(Duration) yrs mos ds
FATHER JAMES LINES	(Signed) Jagan Ryan, H. o.
I BIRTHPLAGE	, 191 (Address) Hell him had
OF FATHER (State by country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Z (State by country) 12 Maiden NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
a Vouisa Hall	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
	of death yrs mos ds. State yrs mos ds Where was disease contracted.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Course Just	Former or usual residence
(Address)	19 HUACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1	Hendon Hill Md June 4, 191
Filed June 4 191 3 L. Cagar Dean	20 UNDERTAKER ADDRESS
REGISTRAR	M. Dean & on Bellin
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the honschold only (not paid Housekeepers fication as Day laborer, Farm laborer. Laborer "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a defluite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "landemic eggs of "Croup";) Typhoid fever (never report (Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indinited (Typhoid besis of lungs, meninges, peritona um, etc. Carcin.

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia." "Weakness," "Collapse," "Coma." "Convulsions." "Debility" ("Congenital." "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. oma, Sareoma, etc., of...... (name origiu; "Cansuch, if impossible to determine definitely. Examples: which surgleal operation was undertaken. For viocause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inauition," "Maras Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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n-pent to be

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT carefully supplied. AGE should be stated EXACTLY, o that it may be properly classified. Exact statemen BINDING FOR RESERVED MARGIN N. B.—Every item of information should be CAUSE OF DEATH in plain terms. se 1 PLACE OF DEATH

C	ounty Harrord Md	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. /83
٧	illage or City Rocks R. 7.2 (No. 2,	St; Ward) [If death occurred a hospital or listitul give lis NAME lost
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51		16 DATE OF DEATH General 26, 1913 (Month) (Day) (Year)
6 D	ATE OF BIRTH String 18 19/2 (Month) (Day) (Year)	that I last saw han all ve on June 20, 1913
7 A	GE If LESS than 1 day,	and that death occurred on the date stated above, at 23019 The CAUSE OF DEATH* was as follows:
(b) bus) Trade, profession, or ricular kind of work	(Duration) yrs mos 2 C
-	ich employed (or employer)	
	IRTHPLACE tate or country) Harford Co, Ald,	Contributory Sente Naghantia
ENTS	10 NAME OF FATHER Levrge Hall 11 BIRTHPLACE OF FATHER (State or country) Manyland	Contributory Sente Meshantis (Secondary) (Duration) yrs mos (Signed) 4 7 Bradley M. June 16 , 1913 (Address) June 2tt wille Me
e B (S	10 NAME OF FATHER GEORGE Half 11 BIRTHPLACE 12 BIRTHPLACE 13 BIRTHPLACE OF FATHER	(Signed) (Duration) yrs mos. (Signed) A A Bradley M. (Signed) A A Bradley M. State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOLICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the
PARENTS	10 NAME OF FATHER Levrge Half 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Sadie Annuson 13 BIRTHPLACE	(Signed) (Si

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliduties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuibeen changed or given up on account of the DISEASE Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer." "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Pureperal scottchar-"Ilcart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asampic: Measles (disease causing death), 29 de.: valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association. cause of death approved by Committee on Nomencla. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. nant ncoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory "Tuerperal peritonitis," etc. "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of Always qualify all diseases resulting from "Scnile." etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin: "Can-State cause for "Exhaustion," Never report Examples:



should state Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registered No. ilf death occurred in Ward) No. a hospital or institution. RECORD give Its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement ELMANENT EXACTLY 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, WE ORDIVERCED (Write the word) (Month) (Day) I HEREBY CERTIFY. That I attended deceased from Exact 6 DATE OF BIRTH stated E. classifled. (Month) (Day) (Year) 0 pe If LESS than 7 AGE and that death occurred on the date stated above, at D 1 day hrs. shoul The CAUSE OF DEATH * was as follows OR min. ? H properly BOCCUPATION ш O (a) Trade, profession, or Ø × particular kind of work Z (h) General nature of industry. supplied. 0 ğ business, or establishment in O may which employed (or employer) DIN Contributory State or country) (Secondary) certificat carefully of that it Z 10 NAME OF (Signed) FATHER 80 0 pe WITI back 11 BIRTHPLACE terms. ARENT OF FATHER (State or country) pinous *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. 0 plain OF MOTHER Instructions Information 0. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 드 At place in the OF MOTHER of death yrs. mos. State. (State or country EATH Where was disease contracted. 14 THE ABOVE IS THUE TO WRITE if not at place of death?. Sec OF DE Former or OF Item usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL Every It DATE OF BURIAL Address) 15 20 UNDERTA ADDRESS 0 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH 811

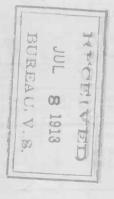
>

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers the nature of the husiness or industry, and therefore an applies to each and every person, irrespective of age who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," -Coal (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-irrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septichar ture of the American Medical Association.) cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Tuerpeeal peritonitis," etc. State cause for cause. etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras. genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla." "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of "Contributory." The contributory (secondary or latercurrent) Is less definite; avoid use of "Tumor" for malle tetanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy." "Exhaustion," (Recommendations on statement of (name origin; "Can-Never report Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED T. S. No. 1.

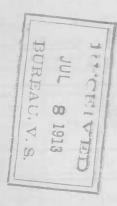
Ge	PLACE OF DEATH 8111	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registeration Die 100 Registered No. 15 C
V	*FULL NAME Richard as	st; Ward) St; Ward) If death occurred in a hospital or institution, give lis NAME instead of street and number.}
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male Cal, WIDOWED, Drugtle of BIRTH, &	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attageded deceased from Die: 7 1912. to Ministry 1913
	dort mear,	that I last saw h Assa alive on About Mar 1 1913.
7 AG	1 day,hrs.	and that death occurred on the date stated above, at 5 pm. The CAUSE OF DEATH* was as follows:
8 oct (a) par (b) busin whice	Trade, profession, or ticular kind of work. General nature of industry, ness, or establishment in the employed (or employer) RTHPLACE ate or country) RTHPLACE	Contributory of Cheracy of
	10 NAME OF Elijah Moulton.	(Signed) (Suration) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
Ъ	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	Informati) Lawes Moulton	Where was disease contracted, If not at place of death? Former or Usual residence.
15 File	d. June 2, 1913. Cofficial REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LULY 72, 191.3 20 UNDERTAKER FLUTCHER COLUMN.
	If more blanks are needed, address State Registran	r, 6 E. Franklio St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

the nature of the business or industry, and therefore an duties of the household only (not pald Housekeepers applies to each and every person, irrespective of age of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: But in many For persons "Foreman," (S)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcinbosis of lungs, meninges, peritonacum, etc..

such, If impossible to determine definitely. Examples: cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver round of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "l'UERPERAL peritonitis," etc. childblrth or miscarriage, as "PUERPERAL schticharetc., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Traemia," "Weakness, "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Contheula." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Candeath), 29 ds. State cause for "Exhaustion,"



STATE OF MARYLAND 1 PLACE OF DEATH state Very CERTIFICATE OF DEATH pinoda OCCUPATION Registration Dist. No. lif death occurred in PHYSICIANS St.:....Ward) a hospital or Institution, RECORD give its NAME Instead of street and number.] 50 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ENT statemen 16 DATE OF DEATH 5 SINGLE, EXACTL 4 COLOR OR RACE uul. MARRIED. ERMAN WIDOWED. (Month (Write the word) (Day) HEREBY CERTIFY, That I attended deceased from Exac(6 DATE OF BIRTH classified. that I last saw h. A. alive on (Month) (Day) pe It LESS than 7 AGE and that death occurred on the date stated above, at should 1 dayhrs. Was as follows: OR min. ? property BOCCUPATION (a) Trade, profession, or IN.K particular kind of work. (b) General nature of Industry, supplied. pe business, or establishment in (Duration) may which employed (or employer) -----UNFADIN Contributory certificate. SBIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER (Signed) 80 10 pe back 11 BIRTHPLACE terms, FNI should (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0.0 04 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain 4 OF MOTHER AINL ormation 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) 2 Instructi 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ATH State yrs. mos _ ds. Where was disease contracted. in 14 THE ABOVE IS TRUE If not at place of death? 00 Former or usual residence. ō mportant. lu! PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every CAU 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

BINDIN

00

ESERVED

MARGIN

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING NEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcin

mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerran scptichacetc., when a definite disease can be ascertained as the genitai," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing ture of the American Medical Association.) The contributory Aiways qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can death), 29 ds. State cause for Never report Examples:



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT BINDING 4 UNFADING INK-THIS IS FOR RESERVED Every Item of Information should be carefully supplied, CAUSE OF DEATH in plain terms, so that It may be p Important. See instructions on back of certificate. WRITE PLAINLY, WITH MARGIN V. S. No. 1.

N. B.

Village or City Harve de Grue (No. 302) 2FULL NAME Steel Box	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [It death occurred in a hospital or logitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWEO, OR DIVORCEO (Write the word) B DATE OF BIRTH Milw 19	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191, 191
(Month) (Day (Year)	that I last saw h alive on 191
7 AGE If LESS than 1 dayhrs. ORmin, ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employar) 9 BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary
10 NAME OF FATHER PAS. PURGULARO OF FATHER OF FATHER OF MOTHER OTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(Informant) (Address)	where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Mugal Italia Cemelery Lane 20, 1913 20 TRUENTAREN FAILER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; " "Coma," "Convulsions," "Debility" ("Con-(Recommendations on statement of (secondary or intercurrent) State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE PLAINLY, WITH S. No.

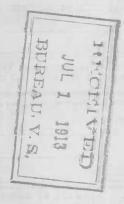
PLACE OF DEATH 8114	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Haystal	189
~	Registration Dist. No.
Village or City Joush All (No	St.; Ward) [It death occurred to a hospital or Institution, give its NAME instead
lovin O Robins	
FULL NAME	0 0
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Married, Wilowed Or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Met. 27 1837	Jan 28, 1913, to ffeet 2, 1913.
(Month) (Day) (Year)	that I last saw h. Lane. alive on flue 2 24 ,191. 3
7 AGE If LESS than	and that death occurred on the date stated above, at 12 m.
7 6 xrs. 7 mos. 16 ds. ormin.?	The CAUSE OF DEATH* was as follows:
1 1000	Coancer of throat
(a) Frade, profession, or particular kind of work.	
(b) General nature of industry, business, or establishment in	(Duration) yrs. mos. ds.
which employed (or employer)	Contributory
(State or country) Harford bo had	(Secondary) (Ouration) yrs mos ds.
10 NAME OF GENTLE Robinson	(Signed) to Ampliance, M. D.
V) 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
C 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of Mother Sarah barr	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Ballo Co. Mode	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informant) J.W. Robinson	Former or usual residence
(Address) Forest Hill Md	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
16	Jonest Hue July 13, 1913
Filed ///////3,191/3	30 UNDERTAKER ADDRESS
REGISTRAR	1x can for Beller mg
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

.: Grocery; (a) Foreman, (b) Automobile factory. The "statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers ninc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puterreal septichaecause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malle oma. Sarcoma. etc., of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can-"Exhaustion," Examples: For VIO-



	RECORD	PHYSICIAN of OCCUP
TON BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	E should be stated EXACTLY.
24 > 24 3 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	UNFADING INK-	carefully supplied. "AGE that It may be properertificate.
No. 1.	WRITE PLAINLY, WITH	Every Item of Information should be carefully supplied. "AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP Important. See instructions on back of certificate.
No.		CAU

state

si NOI

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Popa Registration Dist. No ... Ilf death occurred to St:----Ward) a hospital or institution. give its NAME Instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. (Month) (Year) (Day) DROWONGED Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) alive on (Month) 7 AGE If LESS than and that death occurred on the date atated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry. business, or establishment In which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE . 191 Q. (Address ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At piace of death _____ ds. State yrs. mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Lune 0, 191 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Arocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers material worked on may form part of the second who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; (a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Dneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics valvular heart disease; Ohronic interstitial nephritis, "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chrowio oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malls The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 State cause for Examples:



	RECORD	PHYSICIANS should state of OCCUPATION Is very
F. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
-		alle .

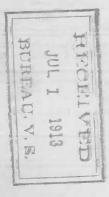
PLACE OF DEATH 8116	STATE OF MARYLAND
County Harred	CERTIFICATE OF DEATH Registration Dist. No. / 82
Village or City Bel him (No. 1)	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Dale While (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17) I HEREBY CERTIFY/That I attended deceased from
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h in allve on June 12th, 1913
7 AGE if LESS than 1 day,hrs. ormio.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH * was as follows:
(a) Frade, profession, or particular kind of work. (b) Genoral nature of industry, business, or establishment in which employed (or employer) Performance (State or country)	Contributory Schildy (Secondary) (Duration) Mulfilming ds Contributory Schildy (Secondary)
10 NAME OF FATHER JAM Schopp 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER UNMANDEN	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place 10 the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If oot at place of death?
(Address) Bel air Indl 15 Filed Inne 1/1, 1913 J. Edgar Dean REGISTRAR	Dear Server Server Bel and Server Be

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). For persons it should be used only when needed. As examples: the nature of the business or industry; and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulminc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, pertionaeum, etc.. Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR

PLACE OF DEATH 8117	STATE OF MARYLAND	
Harland TO	CERTIFICATE OF DEATH	
Gounty Tay of	Registration Dist. No 82	
Village or City Fresh Hill (No.	St.; Ward) [If death occurred to a hospital or institution,	
0 4	give its NAME Instead	
2 FULL NAME many to Dev	Inclose of street and oumber.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH HARE HILL	
WIDOWED, PARALLE	(Month) (Day) (Year)	
Spare of Birth (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from	
main 9 1846	(mgust 10, 1912, to place 4 12, 1913,	
(Month) (Day) (Year)	that I last saw h la alive on Lune 2-, 1913	
7 AGE If LESS than	and that death occurred on the date stated above, at 5 a.m.	
yrs mos. 26 ds. OR min. ?	The CAUSE OF DEATH* was as follows:	
BOCCUPATION	arterio ocheroves, audung	
(a) Frade, profession, or particular kind of work	Chronic interstitue ryphitis?	
(b) General nature of industry,		
business, or establishment in which employed (or employer)	(Duration) Severyrs. mos. ds.	
9 BIRTHPLACE (State or country)	(Secondary)	
10 NAME OF AND THE FATHER AND THE	(Duration) yrs mos ds.	
10 J. Willer	(Signed) L. I. Vaux D. N. D.	
OF FATHER	July 3-, 1913 (Address) Berting Ald	
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-	
of MOTHER Mans Breaker Acom	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the	
(State or country) John Will	of death yrs ds. State yrs mos ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If oot at place of death?	
(Informant) Mus Kellela Wary	Former or usual residence	
(Address) Tour Hill had	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL	
15 1 - 0 8 / 2 8	January 1918.	
Filed Jun 5, 1913 J. Edgar Tean	20 UNDERTAKER ADDRESS	
	r. 6 E. Franklin St. Balto. Requesting V S No. 1	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iii-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many been changed or given up on account of the pisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

Very

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STATE OF MARYLAND

OF

DEATH

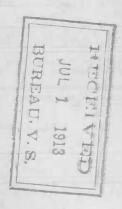
CERTIFICATE

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.). For persons Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . ture of the American Medical Association. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Contributory." The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. State cause for tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of __ (name origin; "Candeath), 29 da.; "Exhaustion," Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN S. No. 1. N

PLACE OF DEATH	STATE OF MARYLAND
County Harford 8119	CERTIFICATE OF DEATH
Village or City Pernymon (No. No. No. No. No. No. No. No. No. No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flewel Glack (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year) 7 AGE 11 LESS than	that I last saw h slive on func 14 ,191 3 and that death occurred on the date stated above, at 10 P m.
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,	The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) BERTHPLACE (State or country)	Contributory (Secondary)
OF TATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OTHER O	(Signed) (Signed) , M. D. (Signed) , M. D. (Signed) , M. D. (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Pevy view 15 Fijed June 17, 1913 Prior Meltad REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN LONGIEL Sm. / Y., 1917 20 UNDERTAKER HUCKY LOUSELLE
If more blanks are needed, address State Registrar	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Bene Jum Cheke

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulminc, etc. essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the return "Laborer," If the occupation has As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinosis of lungs, meninges, pertionacum, etc.. Carcinosis

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the genital," "Senlle," etc.), "Dropsy," "Exhaustion," "Heart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." Injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childblrth or miscarriage, as "Puerperal septichno. etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can-State cause for Never report Examples: FOI VIO-



-Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING < WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN W. S. No. 1. N. B.

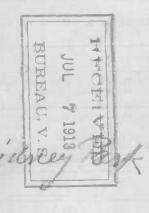
	1 PLACE OF DEATH	STATE OF MARYLAND
	County Harford 8120	CERTIFICATE OF DEATH
	Village or City Un Michaelsur (No	St; Ward) [If dealh occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	SEX Male 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH JUNE 30 191 (Month) (Day) (Year) 17 2 I HEREBY CERTIFY, That I attended deceased from deal makes the state of the sta
	7 AGE (Month) (Tear) 7 AGE (I LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1.30 pm, The CAUSE OF DEATH* was as follows:
	(a) Trade, profession, or particular kind of work	(Duration) yrs. mos. ds. Gontributory. (Secondary)
	10 NAME OF CHARLE Stansbury 11 BIRTHPLACE OFFATHER (State or country) Harriel 12 MAIDEN NAME OF MOTHER Many Country	(Signed)
	14 THE ABOVE IS TRUE TO THE BEBT OF MY KNOWLEDGE Informant)	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SIANUS ADDRESS 20 UNDERTAKER ADDRESS
	It more blanks are needed, address State Registrar adid with allied deer shild but he	posent ded grypkinalisal access

[Approved by U. S. Census and American Public Health Association.]

Groccry; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as dutles of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritongeum, etc... Carcinosis of lungs, meninges, peritongeum, etc...

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichac mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conampic: Measles (disease causing death), 29 de.; by carbolic acid-probably suicide. The nature of the dent: Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Ileart fallure," "Haemorrhage," "Inanition," "Marasthenla." "Anaemia" (merely symptomatic), "Atrophy." Bronchopneumonia (secondary), 10 ds. affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. tctanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (name origin: "Can-State cause for Never report Examples: For vio-



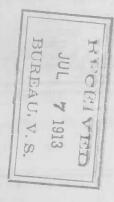
PLACE OF DEATH 8121	STATE OF MARYLAND
Made d	CERTIFICATE OF DEATH
Gounty Course	Registration Dist. No.
Village or City Harrede France (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Coward Ja	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH	
quel 12, 1913	that I last saw h alive on 191
7 AGE (Month) (Day) (Year)	
1 day,hrs.	and that death occurred on the date stated above, at
yrs, mos, ds. ORmin.?	San Patient in Mico
6 OCCUPATION (a) Trade, profession, or	on Ime 10th why served
particular kind of work (b) General nature of industry,	to be outflering from
business, or establishment in which employed (or employer)	Colina John Annter (Duration) yrs. mos os.
9 BIRTHPLACE (State or country) of course de mace	(Secondary)
10 NAME OF William Paylor	(Signed) fann Sun, M. D.
11 BIRTHPLACE OF FATHER (State or country) Harford Cot	June 13., 191 3 (Address) Or Sal De Sual
M 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Carre de Grace	or Recent Residents) At place of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Charles Jaylor	Former or usual residence
(Address) Scarre de Frace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed June 3, 19t 3 2- N- Steries REGISTRAR	20 UNDERTAKER Hole Trace ADDRESS
	7 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulit should be used only when needed. the nature of the business or industry, and therefore an For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," -Coal (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted ferm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," childbirth or miscarriage, as "Puraperal septicharetc., when a definite disease can be ascertalned as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neopiasms); Weasles; Whooping cough; Chroniu oma. Surcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. (name origin; "Can State cause for Examples: For vio-



THE INX UNFADING MILM AINL WRITE

state 69 pinous OCCUPATION PHYSICIANS RECORD 0 statement Exact 9 classified. 0 Q U no properly supplied. pe may carefully su that it ma certificate. 000 pe terms, n back pinous plain ATH in plain instructions Information EAT See 10 a Item 0 mportan Ш Every m ż

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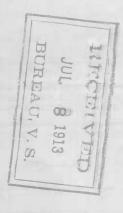
STATE OF MARYLAND PLACE OF DEATH 8122 CERTIFICATE OF DEATH Registered No. 184 Ilf death occurred in (No.Ward) a hospital or Institution, give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1913..., to (Year) that I last saw h. alive on ... (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory. (Secondary) (State or country) 10 NAME OF FATHER (Signed) , 191 3. (Addross) - 1 11 BIRTHPLACE Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-04 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Al place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ State yrs, ____ Where was disease contracted. KNOWLEDGE If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL une 30, 1913 15 20 UNDERTAKER enz 30 1918 ADDRESS REGISTRAR If more blanks are needed, address State Begistrar, 6/E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutles of the household only (not paid Housekeepers It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman."

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing death—Name, first, the dibease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia "Contributory." ACCIDENTAL SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purbreral scoticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) lnjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important, valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronehopneumonia (secondary), 10 ds. ls less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanux) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for Never teport Examples: FOT VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

	PLACE OF DEATH 8123	STATE OF MARYLAND
	ounty Harford	CERTIFICATE OF DEATH
		Registered No. 18
1	Village or City/law Harrell Norace,	St; Ward) [If death occurred in a hospital or Institution,
	FULL NAME John Chawford	I Thornfrom give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 5	Male While - ORDINGRED (WIDOWED, WIDOWED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6	DATE OF BIRTH april 24 1841	May 1/ 1913, to Jame 19 , 1913.
	(Month) (Day) (Year)	that I last saw h. Mu. alive on James 1913
7 A	GE If LESS then	and that death occurred on the date stated above, at 3 5 m.
	72 yrs. / mos. 26 ds. or min.?	The CAUSE OF DEATH* was as follows:
(a) (b) (b) (b)	CCUPATION () Frade, profession, or ricicular kind of work	Conquis Pectoris (Duration) // yrs. mos. ds.
9 8	IRTHPLACE State or country) 7	Contributory (Secondary)
	10 NAME OF E dward Thompson	(Signed) (Si
NTS	11 BIRTHPLACE OF FATHER (State or country) MA	, 191 (Address) V Turi de Disci
ARENT	12 MAIDEN NAME OF MOTHER Amelia Whitaker	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
۵.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the All Life of death yrs. mos. ds.
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	informant). My Showpson	Former or usual residence
	(Address) Havre le Biace dud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fi	By June 2/ 1913 Orion Muhad REGISTRAR	20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Registrat	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Gröcery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulminc, etc. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid menimonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomencia etc., when a definite disease can be ascertained as the ture of the American Medical Association. Injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septicharmus," "Old Age," "Shock," "Uraemla," "Weakness," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronio oma. Sarcoma. etc., of "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Heart fallurc," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Puerperal peritonitis," tctanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "Asetc. State cause for (name origin: "Candeath), 29 "Exhaustion," Examples: For vio-



PHYSICIANS should of OCCUPATION IS RECORD statement EXACTLY ERMANEN Exact tated classified. 4 pe should properl lul AGI INK supplied. be may carefully 4 that Œ 80 50 MARGIN ã back piain terms, pinoda Information Ξ EATH 30 ۵ Item OF mportant. Every it

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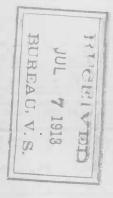
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St: Ward) a hospital or institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCED Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE occurred on the date stated above. 1 day . 7 hrs. BOCCUPATION (a) Frade, prefession, or particular kind of work. (b) General nature of industry. business, or establishment in yrs. mos... which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER ñ. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place o the OF MOTHER (State or country ... mos. ... State Where was disease contracted, if not at place of death?. (Informant) usual residence DATE OF BURIAL 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Groccry; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. childbirth or miscarriage, as "Purpresal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train-acct-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vro-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio ver" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion, _ (name origin; "Can-State cause for Examples:



state Very PHYSICIANS should of OCCUPATION IS (No. RECORD ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS statement MARRIED, Serge PERMANENT EXACTLY. S SINGLE, 3 SEX 4 COLOR OR RACE WIDOWED. BINDING ORDIVORCED (Write the word) Exact OF BIRTH stated properly classified. 4 (Month) (Year) pe 7 AGE if LESS tha pinous f day.7 hr FOR THIS OR min. ? BOCCUPATION AGE (a) Trade, prefession, or INK-particular kind of work. RESERVE (b) General nature of industry, supplied. pe business, or establishment in UNFADING may which employed (or employer) ----9 BIRTHPLACE (State or country) certificate. oarefully that it 10 NAME OF FATHER 80 0 MARGIN WITH should be back 11 BIRTHPLACE terms, PARENT OF FATHER (State or country) 0 12 MAIDEN NAME DEATH in plain OF MOTHER instructions PLAINL of Information of MOTHER (State or country) WRITE KNOWLEDGE See 40 Item Every item CAUSE OF important. (Address)..... 15 No. 80 m

1 PLACE OF DEATH

8125

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH 9

Registration Dist. No.

.Ward)

fif death occurred to a hoenital or Institution

Wilhram	give its NAME lostead of street and number.]
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	14, 1918
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That	
	mc 14 1/2013.
that I last saw har allve on All	u /4/1013
and that death occurred on the date state	d above, at 9 2 m.
The CAUSE OF DEATH * was as tollows:	1
maeformation	no hasos
panages or any	
Start Prince	
/	
(Duration)	VIS 1805 2 35
Contributory (Secondary)	000-000-000-1,000-00-00-00-00-00-00-00-00-00-00-00-00
(Berden)	VPs man de
Skned) Chus Richard	3-~
The state of the s	······································
June 14, 1913 (Address) Ba	Cler I MI
*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; an TAL, SUICIDAL, OF HOMICIDAL.	In deaths from Vior.war
18 LENGTH OF RESIDENCE (FOR HOSPITALS	, INSTITUTIONS, TRANSIENTS,
OR RECENT RESIDENTS) At place In the	
of death yrs mos ds. State	yrs, ds.
Where was disease contracted, If not at place of death?	
Former or	1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
usual residence	*** **** *****************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
In give lemeling	Mrse 15, 1913.
20 UNDERTAKER	ADDRESS
Ir Steam Itan	Bel ite in the

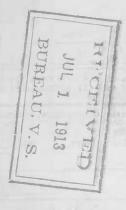
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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the diberase causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

County Harford 8126	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. / 85
Village or City Havy de Groev (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, With the word) 6 DATE OF BIRTH (Month) (Day) (Tear)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from that I last saw h unalive on from June 15. 191.
7 AGE 1 4 yrs. 9 mos. 2 4 ds. 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 3 Mm. The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (b) Genoral nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Many Laure	Contributory (Secondary) (Duration) (Secondary) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
11 BIRTHPLACE (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) , M. D. (Signed) , M. D. (Address) Aure de Guser *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicipal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(Informant) 100 per al leconds (Address) 15 Filed rune 16, 1913 7. M. Steiner REGISTRAR	Former or Usual residence. 19 place of Burial or REMOVAL DATE OF BURIAL ADDRESS Q. R. Fletcher Aberdeen My
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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